## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

**SMALL ENTITY** 

RHL919990137USZ

**OTHER THAN** 

|   |  |   | (Column 1)                          |                                     | (Column 2)             |                                   | TYP        | TYPE   |                        | OR  | SMALL               | ENTITY                 |
|---|--|---|-------------------------------------|-------------------------------------|------------------------|-----------------------------------|------------|--------|------------------------|-----|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 10                                  |                                     |                        |                                   |            | ATE    | FEE                    |     | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                        |                                     | NUMBER EXTRA           |                                   | BAS        | IC FEE | 375.00                 | OR  | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 10 minus 20=                        |                                     | · 0                    |                                   | X          | \$ 9=  |                        | OR  | X\$18=              | Û                      |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =  *                      |                                     | ·                      | U                                 |            | 42=    |                        | OR  | X84=                | 0                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR                             | (ESENT                              |                                     |                        |                                   | +1         | 40=    |                        | OR  | +280=               | O I                    |
| * If  | the difference                                 | in column 1 is                            | less than ze                        | zero, enter "0" in column 2         |                        |                                   | TC         | TAL    |                        | OR  | TOTAL               | 75 Ù                   |
| CLAIMS AS AMENDED - PART II   |  |   |                                     |                                     |                        |                                   |            |        |                        | =   | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3   |  |   |                                     |                                     |                        |                                   | SN         | IALL E | ENTITY                 | OR  | SMALL               |                        |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY             | PRESENT<br>EXTRA                  | R          | ATE    | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                                  |                        | =                                 | X          | 9=     |                        | OR  | X\$18=              |                        |
|   | Independent                                    | *<br>NTATION OF MI                        | Minus *** MULTIPLE DEPENDENT CLA    |                                     | CL AIM                 |                                   | X          | 42=    |                        | OR  | X84=                |                        |
|   | THOTTREEL                                      | THATION OF MI                             | JEIN LE DEI                         | LINDLINI                            | OLAIIVI                |                                   | +1         | 40=    |                        | OR  | +280=               |                        |
|   |  |   |                                     |                                     |                        |                                   |            |        |                        | OR  | TOTAL               |                        |
|   |  |   |                                     |                                     |                        |                                   | ADDI       | T. FEE |                        | 011 | ADDIT. FEE          |                        |
|   | tij se kaj kaj kasaj s                         | (Column 1)<br>CLAIMS                      | 1 - 120 Sept. 11 - 122 Sept. 1      | (Colum<br>HIGHE                     |                        | (Column 3)                        |            |        |                        |     |                     | ا المستحدد             |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUMB<br>PREVIOI<br>PAID F           | ER<br>JSLY             | PRESENT<br>EXTRA                  | R/         | ATE    | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                                  |                        | =                                 | X          | 9=     |                        | OR  | X\$18=              |                        |
|   | Independent * N                                |   | Minus                               | ***                                 |                        | =                                 | X          | 42=    |                        | OR  | X84=                |                        |
| L   | THOTTHEOL                                      | IVIATION OF IM                            | JEIII EE DEI                        | LIVOLIVI                            | CLAIM                  |                                   | `+1        | 40=    |                        | OR  | +280=               |                        |
|   |  |   |                                     |                                     |                        |                                   |            | TOTAL  |                        | IOR | TOTAL               |                        |
|   |  | ADDI                                      | T. FEE I                            |                                     |                        | ADDIT. FEEI                       | <u></u>    |        |                        |     |                     |                        |
| $\overline{}$   |  | (Column 1)<br>CLAIMS                      |                                     | (Colum                              |                        | (Column 3)                        |            |        |                        |     |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUMB<br>PREVIOU<br>PAID F           | ER<br>USLY             | PRESENT<br>EXTRA                  | R/         | ATE    | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š   | Total  | *   | Minus                               | **                                  | i                      | =                                 | X          | 9=     |                        | OR  | X\$18=              |                        |
| ME  | Independent                                    | *   | Minus                               | ***                                 |                        | =                                 |            | 42=    |                        |     |                     |                        |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                                     |                        |                                   | <u>  ^</u> | +2=    |                        | OR  | X84=                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                     |                                     |                        |                                   |            |        |                        | OR  | +280=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                     |                                     |                        |                                   |            |        |                        | OR  | TOTAL<br>ADDIT. FEE |                        |
| **************************************  | in the "Highest Nu<br>The "Highest Nun         | mber Previously Panber Previously Pa      | aid For" IN THI<br>id For" (Total o | IS SPACE is<br>r Independe          | tess tha<br>nt) is the | n 3, enter "3."<br>highest number |            |        | propriate box          |     |                     |                        |